

INSTRUCTIONS FOR APPLICATION

1. Please read each section carefully before beginning. Each section of the application must be filled out in full in order for the application to be processed. All pertinent papers must accompany the application before it can be processed. A list of items needed appears on the following page.
2. Your application must be typed or hand printed in black ink so that no confusion should exist when the application is being processed.
3. Applications will be held by the Martinsville Police Department for the period of ONE YEAR ONLY! If the applicant wishes to remain eligible for consideration, the file must be updated after that.

ITEMS NEEDED WITH APPLICATION

The following is a list of items that needs to be with your application when it is presented as completed in order to be considered by the Martinsville Police Department

1. Birth Certificate
2. Transcripts of High School grades.
3. Transcripts of College grades, if applicable.
4. Certificates pertaining to other schools or classes you may have taken.
5. DD214, if you have served in the Armed Forces.
6. Two letters of recommendation.

NO APPLICATION WILL BE PROCESSED UNLESS ALL ITEMS ARE TURNED IN WITH THE APPLICATION!!!

In the space provided below, include a photograph of yourself. A Polaroid photo is best, but the picture must be from the shoulders up and must be large enough to fill the provided space.

POLAROID
SIZE
PICTURE

PERSONNAL INFORMATION

NAME: _____
 LAST FIRST MIDDLE

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____

TELEPHONE NUMBER: _____

MARITAL STATUS: ___ MARRIED ___ DIVORCED ___ SINGLE ___ WIDOWED

NAME OF SPOUSE: _____

NAMES OF CHILDREN: _____ _____

List any friends or relatives that are currently employed with the
Martinsville Police Department or the City of Martinsville.

Are you a U.S. Citizen? _____

Do you possess a valid driver's license? _____

Have you ever had your name legally changed? _____

If yes, list all names used other than listed.

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DEGREE
ELEMENTARY:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
HIGH:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
COLLEGE:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
OTHER:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

You must include copies of all transcripts from schools attended in order to prove status with the institutions. These transcripts will become the property of the Martinsville Police Department and will not be returned to the applicant at the end of the process.

If you did not finish high school, did you receive a G.E.D.?_____

If you did receive a G.E.D., please list the date and location the test

was taken. _____

MILITARY SERVICE RECORD

Were you in the Armed Forces? _____

If yes, what Branch? _____

Dates of Duty: From: _____ to _____

Type of discharge: _____

Rank at time of discharge _____

List duties in service including specialized training: _____

Have you taken any training under the G.I. Bill of Rights? _____

If yes, what training did you take? _____

SPECIALIZED TRAINING FOR POLICE WORK

Have you had any specialized training pertinent to police work that you have not previously listed? _____ If yes, please describe here. _____

EMPLOYMENT RECORD

List below all present and past employment, beginning with your most recent job.

Company Name: _____

Address: _____

Type of Business: _____

Dates employed: _____

Title held and work description: _____

Weekly salary: _____

Reason for leaving: _____

Name of Supervisor: _____ Phone: _____

Company Name: _____

Address: _____

Type of Business: _____

Dates employed: _____

Title held and work description: _____

Weekly salary: _____

Reason for leaving: _____

Name of Supervisor: _____ Phone: _____

Company Name: _____

Address: _____

Type of Business: _____

Dates employed: _____

Title held and work description: _____

Weekly salary: _____

Reason for leaving: _____

Name of Supervisor: _____ Phone: _____

Company Name: _____

Address: _____

Type of Business: _____

Dates employed: _____

Title held and work description: _____

Weekly salary: _____

Reason for leaving: _____

Name of Supervisor: _____ Phone: _____

May we contact the employers listed above? _____ If not, indicate
which one(s) you do not wish us to contact and why.

PERSONAL REFERENCES

Please list the names of three references that are not past employers or relatives. These people may be called on to answer questions about your personal background.

Name: _____

Address: _____

Occupation: _____

Phone Number: _____ Years known: _____

Upon which of the following conditions is your acquaintance with this person based:

() social () business () education () neighbor

Name: _____

Address: _____

Occupation: _____

Phone Number: _____ Years known: _____

Upon which of the following conditions is your acquaintance with this person based:

() social () business () education () neighbor

Name: _____

Address: _____

Occupation: _____

Phone Number: _____ Years known: _____

Upon which of the following conditions is your acquaintance with this person based:

() social () business () education () neighbor

CRIMINAL HISTORY

Have you ever been arrested for any crime, misdemeanor or felony, Since your 18th birthday?

Date of arrest	agency	charge	disposition

TRAFFIC OFFENSES

Do you have a valid Indiana driver's license? _____

type	license #	expiration date	restrictions
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Have you received any traffic citations since your 18th birthday?
() yes () no If yes, list below. (exclude parking meter tickets)

date	agency	charge	disposition

Has your drivers license ever been suspended, revoked, or restricted?
() yes () no If yes, give details.

List all traffic accidents you have been involved in as a driver since your 18th birthday.

date	agency	location	at-fault	comments
			yes no	
			yes no	
			yes no	
			yes no	

List all states that you have ever held a license with. Include military licenses.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership, or corporation having information concerning my CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, OR SELECTIVE SERVICE RECORD, to release such information to the Martinsville Police Department. This information is to be used for possible employment with the Martinsville Police Department and will not be available for public inspection.

Signature of Applicant

Date

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I also understand that any false information contained within this document will eliminate me for consideration in all future employment processes conducted by the Martinsville Police Department.

I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report.

Signature of Applicant

State of Indiana
County of _____

Subscribed and sworn to before me, a Notary Public in and for the State of Indiana and County named, by the said _____

(Applicant)

who is to me personally known, on this day _____

(Date)

Notary's signature and seal _____

SEAL

Notary's name (type or print) _____ Co. of
residence _____ Commission expiration date _____

Completed applications, (including list of item required (page 5), mail to:
Martinsville Police Department
City Hall, P.O. Box 1415
59 S. Jefferson Street
Martinsville, IN 46151